

Licensee Name: (If incorporated, list corporation)				
Name of Business:				
Street Address of Business:	City:		State:	Zip Code:
USING THE SPACE BELOW: Draw a clear and under coolers and beverage storage areas. Indicate which a used for the sale and/or dispensing (i.e. "licensed prefit of the sale and	erstandable floor plan of the are solid walls, half walls, di	viders, and movable partition	Show all exits, bars, ons. Use a different of	dining areas (if any), beverage
PLEASE PRINT: (Name of Person Submitting Floor I	Plan)	SIGNATI IRE: Auditor (Cit	v/County)	
FLEASE FRINT. (INAME OF PEISON SUDMITTING FLOOF PLAN)		SIGNATURE: Auditor (City/County)		

RETURN TO: Office Of Attorney General

Licensing Section

600 E Boulevard Ave Dept. 125 Bismarck, ND 58505-0040 Telephone: 701-328-2329